

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 497200

Entity Name: MICROMED, INC.

FILED  
Jan 14, 2004  
Secretary of State

## Current Principal Place of Business:

5625 DIXIE DRIVE  
7  
PENSACOLA, FL 32503 US

## New Principal Place of Business:

## Current Mailing Address:

5625 DIXIE DRIVE  
7  
PENSACOLA, FL 32503 US

## New Mailing Address:

FEI Number: 59-1650562      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HINSON, MICHAEL  
5625 DIXIE DRIVE  
SUITE 7  
PENSACOLA, FL 32503 US

## Name and Address of New Registered Agent:

MALONE, PAUL  
3070 HIGHWAY 297 A  
CANTONMENT, FL 32533 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAUL MALONE

01/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HINSON, MICHAEL  
Address: 5625 DIXIE DRIVE, SUITE 7  
City-St-Zip: PENSACOLA, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MALONE, PAUL  
Address: 3070 HIGHWAY 297A  
City-St-Zip: CANTONMENT, FL 32533

Title: VP ( ) Change (X) Addition  
Name: MALONE, PAUL  
Address: 3070 HIGHWAY 297A  
City-St-Zip: CANTONMENT, FL 32533

Title: S ( ) Change (X) Addition  
Name: MALONE, PAUL  
Address: 3070 HIGHWAY 297A  
City-St-Zip: CANTONMENT, FL 32533

Title: T ( ) Change (X) Addition  
Name: MALONE, PAUL  
Address: 3070 HIGHWAY 297A  
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MALONE

P

01/14/2004

Electronic Signature of Signing Officer or Director

Date